

Agenda Item Form

Agenda Date: _____

Districts Affected: 6

Dept. Head/Contact Information: Engineering Department Traffic Division, Ted Marquez, 541-4035

Type of Agenda Item:

- | | | |
|---|---|--|
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments |
| <input type="checkbox"/> Tax Installment Agreements | <input type="checkbox"/> Tax Refunds | <input type="checkbox"/> Donations |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer | <input type="checkbox"/> Item Placed by Citizen |
| <input type="checkbox"/> Application for Facility Use | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application |
| <input checked="" type="checkbox"/> Other _____ | | |

Funding Source:

- ☒ General Fund
- ☐ Grant (duration of funds: _____ Months)
- ☐ Other Source: _____

Legal:

- ☐ Legal Review Required Attorney Assigned (please scroll down): None ☐ Approved ☐ Denied

Timeline Priority: ☐ High ☒ Medium ☐ Low # of days: _____

Why is this item necessary:

The guardrail is needed to prevent damage to the property at 8926 Ayeta Lane. There has been reoccurring vehicle accidents damaging property at this location.

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Cost of the installation of guard rail is \$1,214.63

Statutory or Citizen Concerns:

N/A/


Departmental Concerns:


N/A

ENGINEERING DEPARTMENT

Memorandum

TO: Mayor Joe Wardy,
And City Representatives

FROM: Ted Marquez, P.E. 
Traffic Engineering Division Manager

THRU: Irene Ramirez, P.E. 
Interim City Engineer

DATE: May 11, 2004

SUBJECT: City Council Agenda

COUNCIL AGENDA DATE: May 18, 2004

AGENDA ITEM NO: _____

(page # _____

The following item has been reviewed, and we recommend approval.

MOTION: **DISTRICT # 6- Representative Paul J. Escobar**

Request installation of guardrail post at 8926 Ayeta Lane. Cost of \$1,214.63.

EXPLANATION:

The guardrail is needed to prevent damage to the property at 8926 Ayeta Lane.
There has been reoccurring vehicle accidents damaging property at this location.

If you have any questions on this item please call Ted Marquez at 541-4035.

Cc: Laura Uribarri, Executive Assistant
Adrian Ocequeda, Executive Assistant
Jim Martinez, Interim C.A.O.
Liz Elizondo, City Attorney
Raymond L. Telles, Assistant City Attorney
Edward Drusina, Deputy C.A.O. of Municipal Services
Patricia Aduato, Deputy C.A.O. Building and Planning Services
Daryl Cole, Street Dept. Deputy Director
Engineering Div. Chiefs



ENGINEERING DEPARTMENT

memorandum

RECEIVED
MAR 08 2004
STREET DEPT

TO: Daryl Cole
Deputy Director for Streets

THRU: Irene D. Ramirez, P.E. *IR*
Interim City Engineer

FROM: Ted Marquez, P.E., *T.M.*
Traffic Engineering Division Manager

DATE: March 5, 2004

SUBJECT: **Guardrail Installation Cost**

This department has conducted an on-site investigation for a **guardrail** request. We would appreciate your assistance to provide a cost estimate for a proposed guardrail installation at **8926 Ayeta Lane**.

Please provide us with a cost estimate so that we may include it with the Council Motion request.

Attached is a copy of a drawing indicating the proposed guardrail location.

Should you have any questions regarding this matter, please contact this office at 541-4035.

NC/nc
FIR04-1324
C: Engineering Department, Traffic Division, Location File

**CITY OF EL PASO
ENGINEERING DEPARTMENT**

Traffic Division
Job Request

Project No. 04-1324

LOCATION: 8926 AYETA & VENTURA

Date: March 4, 2004

Assigned To:

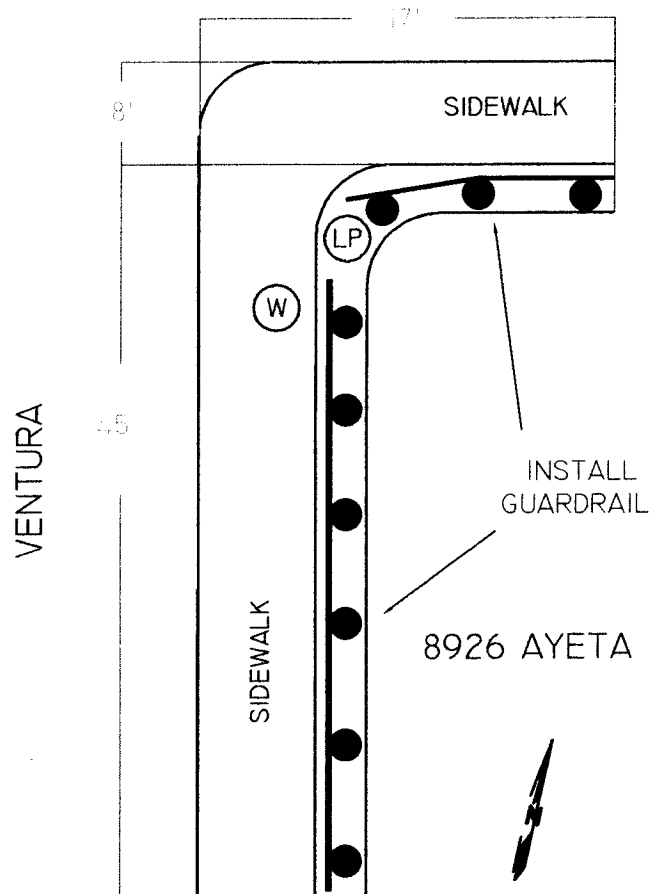
Sign Shop XX

Meter Shop

Signal Shop

Instructions: **INSTALL GUARDRAIL AS SHOWN.**

AYETA



Prepared By: Narciso Chavez

Reviewed By:

To be completed by:

Approved by:

Completed:

(Date & Signature)



ENGINEERING DEPARTMENT
memorandum

RECEIVED
MAR 08 2004
STREET DEPT.

TO: Daryl Cole
Deputy Director for Streets

THRU: Irene D. Ramirez, P.E. *IR*
Interim City Engineer

FROM: Ted Marquez, P.E., *T.M.*
Traffic Engineering Division Manager

DATE: March 5, 2004

SUBJECT: **Guardrail Installation Cost**

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Please provide us with a cost estimate so that we may include it with the Council Motion request.

Attached is a copy of a drawing indicating the proposed guardrail location.

Should you have any questions regarding this matter, please contact this office at 541-4035.

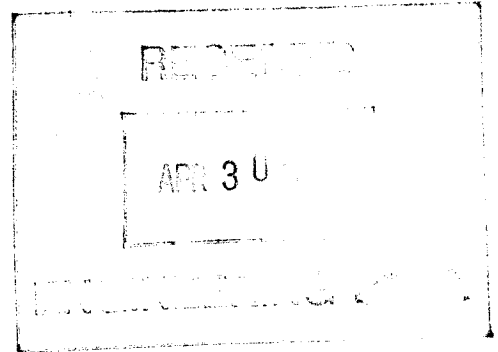
NC/nc
FIR04-1324
C: Engineering Department, Traffic Division, Location File

4/29/04

Edward - Eddie D. called that
Eng. has not rec'd the cost reports
for the GR installs. He says he
turned them in to you. *RRB*

CITY OF EL PASO

STREET DEPARTMENT



TO: Ted Marquez, Chief Traffic Engineer

FROM: Daryl W. Cole
Streets Director

[Handwritten signature of Daryl W. Cole]
4-30-04

SUBJECT: Guardrail installation Cost Estimate for 8926 Ayeta Lane

DATE: April 30, 2004

Enclosed is the cost estimate that you requested for the guardrail installation at 8926 Ayeta Lane.

Please contact me at 621-6750 if you have any questions.

DWC/en

Enclosure: Cost Report

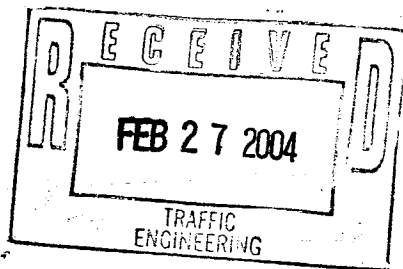
Cost Summary

Work Order: 15051 - 8926 Ayeta

Printed: 4/16/2004 10:44:54 AM

Overall Cost Summary

	Actual	Estimated (single)
Labor	\$0.00	\$571.53
Material	\$0.00	\$388.84
Equipment	\$0.00	\$254.26
Total	\$0.00	\$1,214.63



Mr Chavez

Thank you again very much for coming to our aide and rescue. We are still scared because this weekend the cars still raced up a down Ventura Street, I am concerned that some one can get killed while playing in their yards. I have had about four neighbors come and complain about the grave situation. One man told me he is very angry because he has two little ones under the age of seven year's old. Then the next couple told me that their daughter's new car had been slightly damaged on the fender of the drivers side. My other neighbor told me that last year her fence about twenty feet was also destroyed by a speeder. She had to pay for the damage's herself. Another neighbor told me that she witnessed a truck spin out of control at about 4:00 am. when she was coming home from work, and it just missed the fire hydrant and telephone pole in front of my house at 8926 Ayeta lane corner of Ventura. The street is about 5/10 mile

②

long and it also has a warning sign to
drive twenty five mph due to the curve.
I asked one of the speeder's why they
went so fast while coming through the
curve. He said, it is like a shing shot
that shoot's you out faster, so that is
one of the reason's why they do it.
But what happens is that they loose
control because they can not manage the
curve and their speed. Then that leave's
them going almost straight toward my
home. As you saw my next door neighbor
has barrier's already all around his
house, so that leave's my property very
vulnerable to damage. Again please your
assistance is in great demand. If you
need any of my neighbors phone number's
or addresses please let me know at
860-0263. That is if it will help our
case. We would really like a stop sign,
first. Then speed humps and finally
I would like barrier's all around my
property like my neighbor Guadalupe
Santos. Again let me remind you that
the last two time's they destroyed my
fence,

No one has ever paid me a cent. Be informed that I am sick and tired of this situation. I can only hope and pray that this time they do have car insurance. Is it not the state law that we all should have insurance to pay for damages that are caused by drivers. Please let City Council know that we all are fearful that our property and loved one's can get destroyed and or killed.

God Bless You
J. R. Garcia

PLACE WHERE ACCIDENT OCCURRED El Paso COUNTY El Paso CITY OR TOWN El Paso LDC. NO. 04050106

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN _____

ROAD ON WHICH ACCIDENT OCCURRED 8926 Aleta 2004 FEB 24 AM 4:12 CONSTR. ☐ YES SPEED 30
 INTERSECTING STREET OR RR X'ING NUMBER 260 Ventura ZONE ☐ NO LIMIT
 NOT AT INTERSECTION 5 ☐ FT. ☐ MI. N S E W OF 260 Ventura SHOW HOLEPOST ON NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

DATE OF ACCIDENT 02-19 20 04 DAY OF Thursday HOUR 1000 ☐ A.M. IF EXACTLY NOON ☐ P.M. OR MIDNIGHT, SO STATE

DO NOT WRITE IN THIS SPACE
 LDC. _____
 CODE _____
 SEVERITY _____
 FAT. REC. _____
 DR. REC. _____

UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO 162NE52T9XMB38756 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY 0

YEAR 1999 COLOR Red/GranAm MODEL Grandam BODY STYLE 4Dr LICENSE PLATE TX K09-4MK
 DRIVER'S NAME Salas, Andres Rafael 10871 Red Sorcerer 79227 PHONE NUMBER 860-2462
 DRIVER'S LICENSE TX 19560784 C DOB 02-03-83 RACE W SEX M OCCUPATION Material Handler

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) ☒ 1-BREATH ☐ 2-BLOOD ☐ 3-OTHER ☐ 4-NONE ☐ 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

LESSOR ☐ OWNER ☒ Jesus Salas 670 Carolina El Paso TX 79915 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY ☐ YES ☒ NO INSURANCE ☐ YES ☒ NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING RRQP-2

UNIT MOTOR VEHICLE ☐ TRAIN ☐ PEDALCYCLIST ☐ NO. 2 TOWED ☐ PEDESTRIAN ☐ OTHER ☐ VEH IDENT NO N/A IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR _____ COLOR _____ MODEL _____ BODY STYLE _____ LICENSE PLATE _____
 DRIVER'S NAME _____ ADDRESS (STREET, CITY, STATE, ZIP) _____
 DRIVER'S LICENSE _____ DOB _____ RACE _____ SEX _____ OCCUPATION _____

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) ☐ 1-BREATH ☐ 2-BLOOD ☐ 3-OTHER ☐ 4-NONE ☐ 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

LESSOR ☐ OWNER ☐ NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY ☐ YES ☐ NO INSURANCE ☐ YES ☐ NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES
45 Feet Chain Link Fence Broken 8926 Aleta El Paso TX 79907 5 FT : 700.00
 SUBJECT NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER FEET FROM CURB DAMAGE ESTIMATE

LIGHT CONDITION 1 WEATHER 01 SURFACE CONDITION 1 TYPE ROAD SURFACE 1 DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) Good

1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK
 1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST
 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER
 1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER 6-OTHER

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED
 NAME Andres Salas CHARGE Fail to Control Speed/FTW/F2/Fail to Yield CITATION NUMBER 17-494-332
 NAME _____ CHARGE _____ CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT 02-19-2004 9:56 AM HOW Dispatched TIME ARRIVED AT SCENE OF ACCIDENT 02-19-2004 10:08 AM
 TYPED OR PRINTED NAME OF INVESTIGATOR Orlando Diaz DATE REPORT MADE 02-19-2004 IS REPORT COMPLETE ☒ YES ☐ NO
 SIGNATURE OF INVESTIGATOR [Signature] ID NO. 1424 DEPARTMENT El Paso PD DIST./AREA 83

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY Y - O.K. TO SOLICIT N - NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORK-DAMAGED 2 - WORK-NOT DAMAGED 3 - WORK-UNK IF DAMAGED 4 - NOT WORK 5 - UNK IF WORK	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING PPQP-2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2921 North Loop BY EIPsa TOWING

No	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)								
1	DRIVER	SEE FRONT									
2	RF	Jose Guerrero		N	N	A	N	N	21	M	N
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A

No	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)								
6	DRIVER	SEE FRONT									
7											
8											
9											
10											

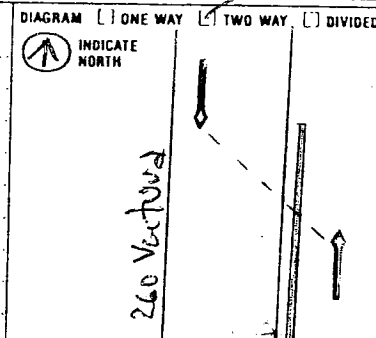
COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
		N/A							

DISPOSITION OF KILLED AND INJURED				IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY		TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
	N/A					

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)	DIAGRAM <input type="checkbox"/> ONE WAY <input checked="" type="checkbox"/> TWO WAY <input type="checkbox"/> DIVIDED
260 Vt. Rd. is a two lane two way road way going North & South. Unit #1 was traveling South at a high rate of speed when it lost control, hit a curb and laid over. Chain link fence causing damage to the fence. No injuries were claimed.	

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED		TRAFFIC CONTROL		
FACTORS/CONDITIONS CONTRIBUTING						8-NO CONTROL OR INOPERATIVE	5-TURN MARKS	10-NO PASSING ZONE
UNIT 1	1	2	3	UNIT 1	1	1-OFFICER OR FLAGMAN	6-WARNING SIGN	11-OTHER CONTROL
UNIT 2	1	2	3	UNIT 2	1	2-STOP AND GO SIGNAL	7-RR GATES OR SIGNALS	
						3-STOP SIGN	8-YIELD SIGN	
						4-FLASHING RED LIGHT	9-CENTER STRIPE OR DIVIDER	

- ANIMAL ON ROAD - DOMESTIC
- ANIMAL ON ROAD - WILD
- BACKED WITHOUT SAFETY
- CHANGED LANE WHEN UNSAFE
- DEFECTIVE OR NO HEADLAMPS
- DEFECTIVE OR NO STOP LAMPS
- DEFECTIVE OR NO TAIL LAMPS
- DEFECTIVE OR NO TURN SIGNAL LAMPS
- DEFECTIVE OR NO TRAILER BRAKES
- DEFECTIVE OR NO TRAILER BRAKES
- DEFECTIVE STEERING MECHANISM
- DEFECTIVE OR SLICK TIRES
- DEFECTIVE TRAILER HITCH
- DISABLED IN TRAFFIC LANE
- DISOBEY STOP AND GO SIGNAL
- DISOBEY STOP SIGN OR LIGHT
- DISOBEY TURN SIGNALS AT INTERSECTION
- DISOBEY WARNING SIGN AT CONSTRUCTION

- DISTRACTION IN VEHICLE
- DRIVER INATTENTION
- DROVE WITHOUT HEADLIGHTS
- FAILED TO CONTROL SPEED
- FAILED TO DRIVE IN SINGLE LANE
- FAILED TO GIVE HALF OF ROADWAY
- FAILED TO HEED WARNING SIGN
- FAILED TO PASS TO LEFT SAFELY
- FAILED TO PASS TO RIGHT SAFELY
- FAILED TO SIGNAL OR SAVE WRONG SIGNAL
- FAILED TO STOP AT PROPER PLACE
- FAILED TO STOP FOR SCHOOL BUS
- FAILED TO STOP FOR TRAIN
- FAILED TO YIELD ROW - EMERGENCY VEHICLE
- FAILED TO YIELD ROW - OPEN INTERSECTION
- FAILED TO YIELD ROW - PRIVATE DRIVE
- FAILED TO YIELD ROW - STOP SIGN
- FAILED TO YIELD ROW - TO PEDESTRIAN

- FAILED TO YIELD ROW - TURNING LEFT
- FAILED TO YIELD ROW - TURN ON RED
- FAILED TO YIELD ROW - YIELD SIGN
- FATIGUED OR ASLEEP
- FAULTY EVASIVE ACTION
- FIRE IN VEHICLE
- FLEEING OR EVADING POLICE
- FOLLOWED TOO CLOSELY
- HAD BEEN DRUNK
- HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
- ILL (EXPLAIN IN NARRATIVE)
- IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
- IMPROPER START FROM PARKED POSITION
- LOAD NOT SECURED
- OPENED DOOR INTO TRAFFIC LANE
- OVERSIZE VEHICLE ON LOAD
- OVERTAKE AND PASS INSUFFICIENT CLEARANCE
- PAKED AND FAILED TO SET BRAKES
- PAKED IN TRAFFIC LANE

- PARKED WITHOUT LIGHTS
- PASSED IN NO PASSING ZONE
- PASSED ON RIGHT SHOULDER
- PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
- SPEEDING - UNSAFE (UNDER LIMIT)
- SPEEDING - OVER LIMIT
- TAKING MEDICATION (EXPLAIN IN NARRATIVE)
- TURNED IMPROPERLY - CUT CORNER ON LEFT
- TURNED IMPROPERLY - WIDE RIGHT
- TURNED IMPROPERLY - WRONG LANE
- TURNED WHEN UNSAFE
- UNDER INFLUENCE - ALCOHOL
- UNDER INFLUENCE - DRUG
- WRONG SIDE - APPROACH OR IN INTERSECTION
- WRONG SIDE - NOT PASSING
- WRONG WAY - ONE WAY ROAD
- OTHER FACTOR (WRITE IN ON LINE BELOW)

9

PLACE WHERE ACCIDENT OCCURRED		COUNTY <u>EL PASO</u>		CITY OR TOWN <u>EL PASO</u>		LOC. NO. <u>03-1720-14</u>	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		SHOW ONLY IF INSIDE CITY LIMITS NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> OF _____		CITY OR TOWN <u>03 JUL 25</u>		DO NOT WRITE IN THIS SPACE	
ROAD ON WHICH ACCIDENT OCCURRED <u>8900</u>		STREET OR ROAD NAME <u>AYETA</u>		CONSTR. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SPEED LIMIT <u>30</u>	
INTERSECTING STREET OR RR X'ING NUMBER <u>200</u>		STREET OR ROAD NAME <u>VENTURA</u>		CONSTR. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SPEED LIMIT <u>30</u>	
NOT AT INTERSECTION <input type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF _____		SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.		CITY OR TOWN <u>07 7 50</u>		DPS NO.	

DATE OF ACCIDENT <u>June 20, 2003</u>		DAY OF WEEK <u>Friday</u>		HOUR <u>11:45</u>		<input type="checkbox"/> A.M. IF EXACTLY NOON <input checked="" type="checkbox"/> P.M. OR MIDNIGHT, SO STATE	
UNIT NO. 1 - MOTOR VEHICLE		VEH IDENT NO <u>IFALP52U4TA104985</u>		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____			
YEAR <u>1996</u> COLOR <u>Purple</u> MAKE <u>Ford</u>		MODEL <u>Taurus</u> BODY STYLE <u>40</u>		LICENSE PLATE <u>2003 TX L56-FZW</u>			
DRIVER'S NAME <u>Martha Ramirez</u>		ADDRESS (STREET, CITY, STATE, ZIP) <u>11141 TOMAS GRANILLO EL PASO, TX 79927</u>		PHONE NUMBER _____			
DRIVER'S LICENSE <u>STATE _____ NUMBER _____ CLASS/TYPE _____</u>		DOB <u>NO _____ DAY _____ YEAR _____</u>		RACE _____ SEX _____ OCCUPATION _____		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input checked="" type="checkbox"/> 4		ALCOHOL/DRUG ANALYSIS RESULT <u>N/A</u>		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LESSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> <u>Martha Ramirez</u>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)			
LIABILITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSURANCE COMPANY NAME _____		POLICY NUMBER _____		VEHICLE DAMAGE RATING _____	

UNIT NO. 2 TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>		VEH IDENT NO _____		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____			
YEAR _____ COLOR _____ MAKE _____		MODEL _____ BODY STYLE _____		LICENSE PLATE _____			
DRIVER'S NAME _____		ADDRESS (STREET, CITY, STATE, ZIP) _____		PHONE NUMBER _____			
DRIVER'S LICENSE _____		DOB _____		RACE _____ SEX _____ OCCUPATION _____		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>		ALCOHOL/DRUG ANALYSIS RESULT _____		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)			
LIABILITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSURANCE COMPANY NAME _____		POLICY NUMBER _____		VEHICLE DAMAGE RATING _____	

DAMAGE TO PROPERTY OTHER THAN VEHICLES			
OBJECT _____		NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____	
FEET FROM CURB _____		DAMAGE ESTIMATE \$ _____	
LIGHT CONDITION <u>4</u>		WEATHER <u>1-1</u>	
SURFACE CONDITION <u>1</u>		TYPE ROAD SURFACE <u>1</u>	
DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <u>Good</u>			
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK		1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	
6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER		1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	
6-OTHER			

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED	
NAME _____	CHARGE _____
NAME _____	CHARGE _____
CITATION NUMBER _____	CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT <u>6-20-2003</u>	DATE <u>11:50 PM</u>	HOW <u>Dispatched</u>	TIME ARRIVED AT SCENE OF ACCIDENT <u>6-21-2003</u>	DATE <u>12:11 AM</u>
TYPED OR PRINTED NAME OF INVESTIGATOR <u>R. Chavez</u>		DATE REPORT MADE <u>6-20-2003</u>		IS REPORT COMPLETE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR <u>R. Chavez</u>		ID NO. <u>2297</u>		DEPARTMENT <u>EL PASO PD</u> DIST./AREA <u>86-MURCC</u>

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y - O.K. TO SOLICIT N - NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNKNOWN	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNKNOWN IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNKNOWN IF DAMAGED 4 - NOT WORN 5 - UNKNOWN IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	428 Frederick EL Paso Towing

OCCUPANT'S POSITION		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT	FLEW SCENE								
2											
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	YES <input type="checkbox"/> NO <input type="checkbox"/>	

OCCUPANT'S POSITION		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT									
7											
8											
9											
10											

PEDESTRIAN, PEDALCYCLIST ETC.		CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
N/A										

DISPOSITION OF KILLED AND INJURED				IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER	
N/A						

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

8900 AYETA IS A TWO WAY TWO LN. ROADWAY THAT RUNS EAST AND WEST. 200 VENTURA IS A TWO WAY TWO LN. ROADWAY THAT RUNS NORTH AND SOUTH. UNIT 1 WAS TRAVELING E/B ON 200 VENTURA WHEN UNIT 2 LOST CONTROL AND STRUCK THE SOUTH EAST CURB. UNIT 2 SUSTAINED DAMAGE TO THE UNDER CARRIAGE AND TWO FLAT TIRES. NO WITNESS AND NO REPORTED INJURIES. NOTE ITEM ONE ABANDONED THE VEHICLE AND FLED ON FOOT.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED

INDICATE NORTH

200 VENTURA

8900 AYETA

UNIT 1

FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			TRAFFIC CONTROL		
UNIT 1	1 22	2	UNIT 1	1	2	5-NO CONTROL OR INOPERATIVE	5-TURN MARKS	10-NO PASSING ZONE
UNIT 2	1	2	UNIT 2	1	2	1-OFFICER OR FLAGSMAN	6-WARNING SIGN	11-OTHER CONTROL
						2-STOP AHEAD SIGNAL	7-RE BATES OR SIGNALS	
						3-STOP SIGN	8-YIELD SIGN	
						4-FLASHING RED LIGHT	9-CENTER STRIPS OR DIVIDER	

1. ANIMAL ON ROAD - DOMESTIC	19. DISTRACTION IN VEHICLE	37. FAILED TO YIELD ROW - TURNING LEFT	56. PARKED WITHOUT LIGHTS
2. ANIMAL ON ROAD - WILD	20. DRIVER INATTENTION	38. FAILED TO YIELD ROW - TURN ON RED	57. PASSED IN NO PASSING ZONE
3. BACKED WITHOUT SAFETY	21. DROVE WITHOUT HEADLIGHTS	39. FAILED TO YIELD ROW - YIELD SIGN	58. PASSED ON RIGHT SHOULDER
4. CHANGED LANE WHEN UNSAFE	22. FAILED TO CONTROL SPEED	40. FATIGUED OR ASLEEP	59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
5. DEFECTIVE OR NO HEADLAMPS	23. FAILED TO DRIVE IN SINGLE LANE	41. FAULTY EVASIVE ACTION	60. SPEEDING - UNSAFE (UNDER LIMIT)
6. DEFECTIVE OR NO STOP LAMPS	24. FAILED TO GIVE HALF OF ROADWAY	42. FIRE IN VEHICLE	61. SPEEDING - OVER LIMIT
7. DEFECTIVE OR NO TAIL LAMPS	25. FAILED TO NEED WARNING SIGN	43. FLEEING OR EVADING POLICE	62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
8. DEFECTIVE OR NO TURN SIGNAL LAMPS	26. FAILED TO PASS TO LEFT SAFELY	44. FOLLOWED TOO CLOSELY	63. TURNED IMPROPERLY - CUT CORNER ON LEFT
9. DEFECTIVE OR NO TRAILER BRAKES	27. FAILED TO PASS TO RIGHT SAFELY	45. HAD BEEN DRIVING	64. TURNED IMPROPERLY - WIDE RIGHT
10. DEFECTIVE OR NO VEHICLE BRAKES	28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL	46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)	65. TURNED IMPROPERLY - WRONG LANE
11. DEFECTIVE STEERING MECHANISM	29. FAILED TO SIGNAL OR GAVE WRONG SIGNAL	47. ILL (EXPLAIN IN NARRATIVE)	66. TURNED WHEN UNSAFE
12. DEFECTIVE OR SLICK TIRES	30. FAILED TO STOP AT PROPER PLACE	48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)	67. UNDER INFLUENCE - DRUG
13. DEFECTIVE TRAILER HITCH	31. FAILED TO STOP FOR SCHOOL BUS	49. IMPROPER START FROM PARKED POSITION	68. UNDER INFLUENCE - ALCOHOL
14. UNSEATBELT IN TRAFFIC LANE	32. FAILED TO STOP FOR TRAIN	50. LOAD NOT SECURED	69. WRONG SIDE - APPROACH OR IN INTERSECTION
15. UNSEATBELT STOP AND GO SIGNAL	33. FAILED TO YIELD ROW - EMERGENCY VEHICLE	51. OPENED DOOR INTO TRAFFIC LANE	70. WRONG SIDE - NOT PASSING
16. UNSEATBELT STOP SIGN OR LIGHT	34. FAILED TO YIELD ROW - OPEN INTERSECTION	52. OVERSIZE VEHICLE OR LOAD	71. WRONG WAY - ONE WAY ROAD
17. UNSEATBELT TURN PARKS AT INTERSECTION	35. FAILED TO YIELD ROW - PRIVATE DRIVE	53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE	72. OTHER FACTOR (WRITE IN ON LINE BELOW)
18. UNSEATBELT WARNING SIGN AT CONSTRUCTION	36. FAILED TO YIELD ROW - STOP SIGN	54. PARKED AND FAILED TO SET BRAKES	
	37. FAILED TO YIELD ROW - TO PEDESTRIAN	55. PARKED IN TRAFFIC LANE	